Approved for use through 7/31/7006, OMB 0661-0037

U.S. Petent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a Yeld OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Apololico Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN (Column 1). SMALL ENTITY ÓR (Column 1) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (1) RATE (\$) FEE (1) BASICFEE IVA 12 CFR 1 18(4) [0] a [c]] NIA 150.00 HVA N/A 300.00 SEARCH FEE NA NIA 137 CFR 1 16(N. 14. or (m)) NA \$250 N/A \$800 **EXAMINATION FEE** NVA N/A NA 197 CFR 1 16(0). (p). or (q)) \$100 NA \$200 TOTAL CLAHAS 07.CFR 146(4) X\$ 25 minus 20 = X\$50 OR INDEPENDENT CLAIMS X100 (A) CFR 1 16(N) minus 3 X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each FEE . **(17** CFR 1 16(6)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (DT CFR 1 16(1)) +180= 4360× • If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 3) OR (Column 1) (Column 2) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (1) ADDI-RATE (\$) HOOK -AFTER PREVIOUSLY **EXTRA** TIONAL AMENDMENT TIONAL PAID FOR FEE (1) FEE (1) Total Minus 20 X\$ 25 X\$50 OR ENGEDENDEN! Minus X100 X200 **QR** Application Size Fee (37 CFR 1.16(5)) PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.160) 4180= +360= OR TOTAL TOTAL. ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CHAIMS HIGHEST PRESENT REMAINING NUMBER 8 RATE (1) ADDI-RATE (\$) ADO: AFTER. PREVIOUSLY **EXTRA** TIONAL MENDMENT TIONAL AMENDMENT PAID FOR FEE C FEE (\$) Total Minus X\$ 25 X\$50 OR Independent (37 CFR 1.10m/) Minus . X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (21 CFR 1.160) +180= +360= OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ** If the Tighest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.

If the Tighest Number Previously Paid For IN THIS SPACE is less than 3, enter 3. The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1

is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the

PTO to process) an application. Confidentiality is poverned by 35 U.S.C. 122 and 37 OFR 1.14. This collection is estimated to take 12 minutes to complete. bding pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments the emount of three you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chilef, information Officer, U.S. Petent Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450; DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460,